|  |  |                           |                                     |   |                  |     | Application or Docket Number |                           |                              |                     |                        |  |
|--|--|---------------------------|-------------------------------------|---|------------------|-----|------------------------------|---------------------------|------------------------------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECO<br>Effective October 1, 2004 |  |                           |                                     |   |                  |     | D                            | 101025,790                |                              |                     |                        |  |
| CLAIMS AS FILED - PART<br>(Column 1)                                   |  |                           |                                     |   | T I (Column 2)   |     |                              | ENTITY                    | OR                           | OTHE                | R THAN<br>ENTITY       |  |
| FOR  |  | NUMBER                    | RFLED                               | NUMBER                                      | EXTRA            |     | RATE                         | FEE                       |                              | RATE                | PEE                    |  |
| BASIC FEE  |  |                           |                                     |   |                  |     |                              | 395.00                    | OR                           |                     | 790.00                 |  |
| TOTAL CLAIMS   |  | 9                         | <b>minus</b>                        | 20=   | ,                |     | x\$11=                       |                           | OR                           | x\$22=              |                        |  |
| INDEPENDENT CLAIMS   |  | ;                         | minu                                |   | <del></del>      |     | x41=                         |                           | OR                           | x82=                | -47-                   |  |
|  | TIPLE DEPENDENT C  | Carre a su                | Maria di Salaria                    |   |                  |     | +135=                        |                           | OR                           | +270=               | 36                     |  |
| If the difference in column 1 is less than zero, enter 'U' in column 2 |  |                           |                                     |   |                  | 1   | TOTAL                        |                           |                              | TOTAL               |                        |  |
| CLAIMS AS AMENDED - PART II  |  |                           |                                     |   |                  |     |                              |                           | OR                           | W.74.36             | -                      |  |
| (Column 1) (Column 2) (Column 3)                                       |  |                           |                                     |   |                  |     | SMALL                        | ENTITY                    | OR                           | SMALL               | R THAN<br>ENTITY       |  |
| AMENDMENT A  | REM.<br>AF<br>AMEN   | AINING<br>TER #<br>DMENT  |                                     | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA |     | RATE                         | ADDI-<br>TIONAL<br>FEE -  |                              | RATE                | ADDI-<br>TIONAL        |  |
|  | Total • 1  |                           | Minus -                             | - 20  | = 0              |     | x\$11=                       |                           | OB                           | x\$22=              | 4                      |  |
|  | independent * Z  | - 1                       | Minus                               | - 3   | = 0.             |     | x41=                         |                           | OR-                          | x82=                | - 3                    |  |
| /  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                           |                                     |   |                  |     | +135=                        |                           | OR                           | +270=               | -                      |  |
| (Column 1) (Column 2) (Column 3)                                       |  |                           |                                     |   |                  |     | TOTAL<br>DDIT, FEE           |                           | OR                           | TOTAL<br>VDDIT, FEE |                        |  |
|  | The state of the state of the state of   | AIMS                      | 7.                                  | (Column 2) HIGHEST                          | (Column 3)       | E 1 | :                            |                           |                              | woii.re             |                        |  |
| AMENDMENT B  | REM.<br>AF   | AINING<br>TER<br>DMENT    |                                     | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA | •   | RATE                         | ADDI-<br>,TIONAL<br>: FEE | e jes primaga and a di e e e | PELAK<br>RATES      | : AEE                  |  |
|  | Total •  |                           | Minus                               | **  | =                |     | x\$11=                       |                           | OR:                          | x\$22=              | <u>े इस</u><br>र प्र   |  |
|  | Independent *  |                           | Lanus                               | 400   | =                |     | x41=                         |                           | OR                           | x82=                | - 186°-                |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                           |                                     |   |                  |     | +135=                        |                           | OR                           | +270= <u>_</u>      |                        |  |
| (Column 1) (Column 2) (Column 3)                                       |  |                           |                                     |   |                  |     | TOTAL                        | 三海                        | OR                           | ADDIT. FEE          |                        |  |
| AMENDMENT C  | AMEN   | AINING<br>TER 🛬<br>IDMENT |                                     | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT EXTRA    |     | RATE                         | ADDI-<br>TIONAL<br>FEE    |                              | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Iotal Control  |                           | Minus 🍇                             |   | =                |     | x\$11=                       | . "                       | OR                           | x\$22 <sup>25</sup> |                        |  |
|  | Independent  |                           | Minus                               | •••   | =                |     | x41=                         |                           | OR                           | x82=                | ·                      |  |
| • "  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                           |                                     |   |                  |     | +135=                        |                           | OR                           | +270=               |                        |  |
| ••••#  | the "Highest Number Pro  | ound                      | TOTAL<br>ADDIT, FEE<br>In the appro |   |                  |     |                              |                           |                              |                     |                        |  |